

**CITY OF CLINTON, KY
QUARTERLY ABC REGULATORY
REPORT**

Quarter End Date: _____

License Type: _____

Name: _____

City ABC License Number: _____

Location Address: _____

1. Gross Receipts from Alcohol Sales: \$ _____

2. Regulatory Fee - 5% of Line 1 \$ _____

3. Less Annual License Fee Paid \$ _____
(Less ¼ of annual fee each quarter)

4. Penalty for Late Payment - 5% of Line 2 \$ _____
(\$10 minimum, 25% maximum of line 3)

5. Interest for Late Payment - 8% of Line 2 \$ _____

6. Total Regulatory Fee Due \$ _____
(Lines 2 - 3 + 4 + 5)

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Printed Name

Title

1 st Qtr: Jan-Mar, Due April 20 th	2 nd Qtr: Apr-June, Due July 20 th
3 rd Qtr: July-Sept, Due Oct 20 th	4 th Qtr: Oct-Dec, Due Jan 20 th

Remit Check or Money Order Payable to:

City of Clinton
c/o City Treasurer
PO Box 303
Clinton, KY 42031